

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000130651

**Entity Name:** SYLVIA MYERS LLC

**Current Principal Place of Business:**

8908 CITRUS VILLAGE DR  
APT 106  
TAMPA, FL 33626

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC1114827108**

**Current Mailing Address:**

8908 CITRUS VILLAGE DR  
APT 106  
TAMPA, FL 33626 US

**FEI Number: 46-1218033**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MYERS, SYLVIA A  
8908 CITRUS VILLAGE DR  
APT 106  
TAMPA, FL 33626 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGRM
Name	MYERS, SYLVIA A	Name	MYERS, JOHN S
Address	8908 CITRUS VILLAGE DR APT 106	Address	8908 CITRUS VILLAGE DR APT 106
City-State-Zip:	TAMPA FL 33626	City-State-Zip:	TAMPA FL 33626

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SYLVIA A MYERS**

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date